REQUEST FOR INTERVIEW			
TO:			DATE
Confinement Officer			
REQUEST THAT I BE AUTHORIZED AN INTERVIEW WITH THE PERSON NAMED BELOW			
NAME OR TITLE			
SUBJECT AND PURPOSE OF THE INTERVIEW			
DDISONED'S NAME (Brings)	SERVICE NO./SSN	DEPT. OF MIL. SERVICE	SIGNATURE OF PRISONER
PRISONER'S NAME (Printed)	SERVICE NO./33IN	DEPT. OF WILL SERVICE	SIGNATURE OF PRISONER
ACTION			
(To be filled in by Confinement Officer)			
INTERVIEW WAS AUTHORIZED NOT AUTHORIZED (Show reasons under Remarks)			DATE
FORWARDED TO (Name, Grade, and Organization, printed)			DATE
INTERVIEW WAS HELD WITH (Name, Grade, and Organization, printed)			DATE
REMARKS			
NAME AND GRADE OF CONFINEMENT OFFIC	CER (Printed)	SIGNATURE OF CONFINE	EMENT OFFICER

DD Form 510, MAY 51 (EG)

Designed using Perform Pro, WHS/DIOR, Feb 95